

10/02/00



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UTILITY
PATENT APPLICATION
TRANSMITTAL(Only for new nonprovisional
applications under 37 CFR 1.53(b))

Title of Invention

METHOD OF ALTERING SHINGOLIPID
METABOLISM AND DETECTING FUMONISIN
INGESTION AND CONTAMINATION

Named Inventor(s)

Alfred H. Merrill, Jr.
Elaine W. Wang
Dennis C. Liotta
Ronald R. Riley

Attorney Docket

18085.105133Div3

Express Mail Label No.

EF045414427US

10/02/00

09/676835



10/02/00

APPLICATION ELEMENTS

1. ☒ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing) *CV*
2. ☒ Specification, Claims,
and Abstract Total Pages 50-49
Total Sheets 11
3. ☒ Drawings Total Pages 3
4. Oath or Declaration
a. ☐ Newly executed (original or copy)
b. ☒ Copy from prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17
completed)
[Note Box 5 Below]
(i) ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting
inventor(s) named in the prior
application, see 37 CFR 1.63(d)(2)
and 1.33(b).
5. ☒ Incorporation by Reference
(usable if Box 4b is checked)
The entire disclosure of the prior application, from
which a copy of the oath or declaration is supplied
under Box 4b, is considered as being part of the
disclosure of the accompanying application and is
hereby incorporated by reference therein.
6. ☐ Microfiche Computer Program (Appendix)
7. ☐ Nucleotide and/or Amino Acid Sequence
Submission (if applicable, all necessary)
a. ☐ Computer Readable Copy
b. ☐ Paper Copy (identical to computer copy)
c. ☐ Statement verifying identity of above
copies

ADDRESS TO: Assistant Commissioner of Patents
Box Patent Application
Washington, D.C. 20231

ACCOMPANYING APPLICATION PARTS

8. ☒ Assignment Papers (cover sheet & document(s))
9. ☒ 37 CFR 3.73(b) Statement
(when there is an assignee)
☒ Power of Attorney by assignee
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)
PTO-1449
☐ Copies of IDS Citations
12. ☒ Preliminary Amendment
13. ☐ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Small Entity Statement(s)
☐ Statement filed in prior application
Status still proper and desired
15. ☐ Certified Copy of Priority Document(s)
16. ☐ Other: _____

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:
☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: 08/627,499

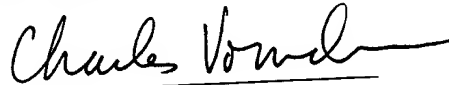
18. CORRESPONDENCE ADDRESS:

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191 Peachtree Street, N.E.
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By: Sherry Knowles
Sherry M. Knowles, Reg. No. 33,052
Date: October 2, 2000
Telephone: 404.572.4600
Facsimile: 404.572.5145

CERTIFICATE OF EXPRESS MAILING

I hereby certify that the this Divisional Application along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Express Mail on the date shown below with sufficient postage in an envelope with label EF045414427US addressed to, Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



Charles Vorndran
U.S. Reg. No. 45,315

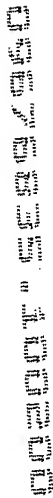
Date: October 2, 2000

JC922 U.S. PTO

09/676835



10/02/00

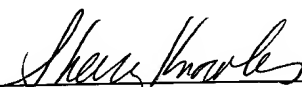


U.S.S.N.: 08/627,499
Filed: April 4, 1996
Transmittal of Issue Fee

JC922 U.S. PTO
09/676835
10/02/00

The Commissioner is authorized to charge any deficiencies or credit any overpayments associated with this paper to Deposit Account No. 11-0980.


Respectfully submitted,


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CERTIFICATE OF EXPRESS MAILING

I hereby certify that the this Preliminary Amendment along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Express Mail on the date shown below with sufficient postage in an envelope with label EF045414427US addressed to, Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.


Charles Vorndran
U.S. Reg. No. 45,315

Date: October 2, 2000

08/627,499

FEE TRANSMITTAL

Attorney Docket No. 18085.105133Div

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): **Merrill et al.**Filing Date: **herewith**Title: **METHOD OF ALTERING SHINGOLIPID METABOLISM AND DETECTING FUMONISIN INGESTION AND CONTAMINATION**

The filing fee is calculated as shown below:

1. FILING FEE:

SMALL ENTITY			LARGE ENTITY	
FOR:	FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> UTILITY FILING FEE	\$355		\$710	710
<input type="checkbox"/> DESIGN FILING FEE	\$160		\$320	
<input type="checkbox"/> PLANT FILING FEE	\$245		\$490	
<input type="checkbox"/> REISSUE FILING FEE	\$355		\$710	
<input type="checkbox"/> PROVISIONAL FILING FEE	\$75		\$150	
SUBTOTAL (1)		\$xxx		\$710

2. CLAIMS:

SMALL ENTITY				LARGE ENTITY		
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
TOTAL CLAIMS	24 - 20 =	4	x 9 =		x 18 =	72
INDEP. CLAIMS	5 - 3 =	2	x 40 =		x 80 =	80
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+135 =		+270 =	
SUBTOTAL (2)				\$xxx		\$152

3. ADDITIONAL FEES:

SMALL ENTITY			LARGE ENTITY	
FOR:	FEE	FEE PAID	FEE	FEE PAID
<input type="checkbox"/> LATE FILING, FEE OR OATH	\$65		\$130	
<input type="checkbox"/> NON-ENGLISH SPECIFICATION	\$130		\$130	
<input type="checkbox"/> OTHER				
SUBTOTAL (3)		\$xxx		\$xxx

TOTAL FILING FEES: \$ 862

A check is enclosed for the total amount: \$ 710

☒ Charge the deficiency and any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 11-0980.

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